

2014 Annual Enrollment Form

FOR ACTIVE or RETIRED EMPLOYEES

PLEASE READ:

By completing and returning this form you are requesting a change in your present Health Plan with Prescription Drug Coverage offered to active employees and retirees of the state of Louisiana through the Office of Group Benefits. Annual Enrollment begins on October 1, 2013, and ends October 31, 2013. Your form should therefore be dated no earlier than October 1, 2013, and no later than October 31, 2013, and must be received by LDAF Human Resources by close of business (4:30 P.M.) on October 31, 2013.

PLEASE PRINT or TYPE the information requested below, sign and date the form, and return to:

LDAF Human Resources
P.O. Box 4172
Baton Rouge, LA 70821

PLEASE NOTE: Place a check mark (✓) or an (X) in the appropriate box to signify your selection. Selections not marked will be ignored.

NOTE: For active employees, the agency representative as well as the member must sign the form. Make one and only one choice.

Member Name (Please Print):

Last First M.I.

Member SSN:

☐ Blue Cross PPO

Nationwide Network

☐ Blue Cross HMO

Nationwide Network

☐ Vantage Medical Home HMO

Baton Rouge, Alexandria, Shreveport, Monroe, Lake Charles and New Orleans areas

☐ Blue Cross Consumer Driven Health Plan CDHP-HSA (for
Active Employees only)

Nationwide Network

Plan Member's Signature (Required for All)

Date

Agency Representative Signature (Required for Active Employees)

Date



QUESTIONS? Call your plan's Customer Service office

Blue Cross Blue Shield (PPO, HMO & CDHP): 800/392-4089
Vantage MHHP: 888/823-1910!

Please retain a copy of this form for your records

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